



## PROCUREMENT JUSTIFICATION FORM (PJF)

PART I: OVERVIEW				
Department Office/Division/Program:		Human Resources/Office of Health & Safety		
Department Contract Administrator or Grant Coordinator:		Valarie Moody/Eula DeRocle CS-Kim Lawrence		
(If applicable) Department Reference #:		42835		
Amount: (Contract/Amendment/Grant)		\$ 40,000.00	Advantage CT / RQS #:	20210525000000003376
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	5/25/2021	Effective Date:	6/30/2022
	Previous End Date:	N/A	New End Date:	N/A
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		JT Sturm Corp DBA Cranes101, Bellingham MA 02019		
Brief Description of Goods/Services/Grant:		National Center for Construction Education and Research Crane Operator Certification Courses		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

**PART III: SUPPLEMENTAL INFORMATION**

Crane Operator Certification is required by OSHA subpart CC – Cranes and Derricks in Construction, for operation of cranes with a lifting capacity above 2000#. MaineDOT uses three such types of cranes (The Interstate Sign Truck: Elliot Crane, Bridge – Knuckle-boom articulating cranes, and the auger truck with crane used by the Electricians). These cranes are operated by a variety of employees, all of whom must be certified to operate.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Cranes101 certifies crane operators through the National Center for Construction Education and Research (NCCER) as the accrediting body. Cranes101 employs a crane instructor based in Maine. Other entities offering crane operator certification are located out of State. With no access to in state instructors scheduling trainings is more costly and less efficient due to cost of lodging and expenses.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Cranes101 is willing to work with MaineDOT to train both experienced and new operators together by offering experienced operators to attend only 3 days of a 4 day training, at a lower cost, understanding that the fourth day is focused on hands-on for the new operator to gain the skills to pass the practical exam, as needed. Because Cranes101 is willing to include all expenses and has lower rates than others, MaineDOT office of Health and Safety finds Cranes 101 rates to be fair and reasonable.

4. Describe the plan for future competition for the goods or services.

OSHA requires certification this year and MaineDOT will be adding this and other OSHA required trainings to the MaineDOT Employee Development RFP in the future. Regions are in the process or identifying additional crane operator certification needs, it is expected that once identified additional funds will be required to train those operators to maintain OSHA compliance.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**


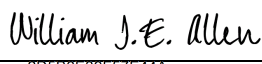
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	William Pulver, C.O.O.	Date:	11/29/2021
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	william J.E. Allen	Date:	12/8/2021

NOI 1220210985 12/08/2021 - 12/14/2021